

#3

BAKER BOTTS LLP

Please type a plus sign (+) inside this box

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/980,885
Filing Date	December 3, 2001
First Named Inventor	H. Schulzrinne et al.
Group Art Unit	(Not Yet Assigned)
Examiner Name	(Not Yet Assigned)
Attorney Docket Number	A31852 PCT/USA

I hereby appoint:

☒ Practitioners at Customer Number

21003

 Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name

Henning Schulzrinne

Signature

Date

2/11/02

 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Please type a plus sign (+) inside this box → **POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/980,885
Filing Date	December 3, 2001
First Named Inventor	H. Schulzrinne et al.
Group Art Unit	(Not Yet Assigned)
Examiner Name	(Not Yet Assigned)
Attorney Docket Number	A31852 PCT/USA

I hereby appoint:

☒ Practitioners at Customer Number

21003 →

*Place Customer
Number Bar Code
Label here*☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.**OR**☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Yin Jianqi

Signature

Jianqi Yin

Date

2/15/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Title:

"NETWORK TELEPHONY APPLIANCE AND SYSTEM FOR INTER/INTRANET TELEPHONY"

Use Space Below for Additional Information:

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence* is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

**Assistant Commissioner for Patents
Washington, D.C. 20231**

on March 15, 2002
Date



Signature

Paul D. Ackerman, PTO Reg. No. 39,891

Typed or printed name of person of signing Certificate

* Power of Attorney Forms

Attorney Docket Number: A31852 PCT/USA